EATONVILLE COMMUNITY CENTER - FACILITY USE AGREEMENT

305 Center Street W PO Box 309 Eatonville, WA 98328 360-832-3361

1)	NAME OF ORGANIZATION/PARTY:	IE OF ORGANIZATION/PARTY: 2) DATE OF EVENT:		
3)	DURATION OF EVENT (including Set-Up & C	Clean-Up): FRON	ИAM/PM TO	AM/PM TOTAL HOURS
4)	ROOM(S) BEING USED (if known):			
5)	NATURE OF EVENT:			
6)	ESTIMATED ATTENDANCE: Adults	Youth		
7)	WILL LIQUOR BE SERVED? Yes / No 8) NAME OF EVENT SUPERVISOR (If yes, you will need to obtain a Banquet Permit from a WA State Liquor Store.)			
9)	IS THERE AN ADMISSION CHARGE? Yes / No 10) IS THIS A 501(c)(3) NONPROFIT ORGANIZATION? Yes / No			
reg Cor on agr TAI HO Tov of a acc with	ertify that I am the authorized representative of to ulations, policies and fee schedules as described mmunity Center, and that the information above the premises and to comply with and enforce the ee to and understand the fee schedule, charged BLES AND CHAIRS: I understand that tables, of LD HARMLESS AGREEMENT: On behalf of the word of Eatonville, its agents, employees and office actions, demands, and claims, including the cost count of personal injuries, death or damage to poin the activities of the activity participant in the all pligence of Eatonville Community Center, the Temporary Title (if any) — Please Print	ed in the rules and is true. On behate attached rules and policies gothairs and any othe group I represed at of their defense property arising out of Eatonville.	d procedures governing alf of the group I represe and regulations during twerning use of the Center Town property may ent, I agree to hold the Equity within the scope of the aut of activities at the prepart for those acts or compared to the control of the second control of the control of the second control	the use of the Eatonville nt, I agree to supervise all activity the time allocated for our group. I er by groups. not be removed from the premises. Eatonville Community Center, the reduties, harmless from all causes activity participant or third parties on mises and in any way connected missions which are the sole
 Ma	iling Address	Pho	one	
To	wn Zip	E-n	nail address	
	posit due at time of booking reservatior or to event. Make checks payable to "T		rille." 	(if applicable) due two weeks
	AMOUNT DATE PAID	RECEIPT #		PACKET GIVEN
	AWOUNT DATE TAID	KLOLII I #	INITIALS	TACKET GIVEN
De	posit \$			Yes
Re	ntal Fee \$			No
Insurance Required: Yes / No Liquor Liability Insurance Required: Yes / No			Received by:	
CA	ATEGORY (Class 1, 2, 3 or 4)			
		A PDD (AVI	ED RV MAVOR	